

**Exhibit 275** [replacing Dkt. #1964-63] attached to Plaintiffs' Memorandum of Law in Support of Motion for Partial Summary Adjudication that Defendants did not Comply with Their Duties under the Federal Controlled Substances Act to Report Suspicious Opioid Orders and Not Ship Them (Second Corrected) at Dkt. #1910-1.

- Redactions withdrawn by Defendant

## EXHIBIT 275

## FW: Giant Eagle CSMP Thresholds

From:

"de Gutierrez-Mahoney, Bill" &lt;bill.degutierrez-mahoney@mckesson.com&gt;

To:

"Cook, Sabrina" &lt;sabrina.cook@mckesson.com&gt;, "Bishop, Micheal" &lt;micheal.bishop@mckesson.com&gt;, "Thomet, Elaine" &lt;elaine.thomet@mckesson.com&gt;, "Snider, Blaine" &lt;blaine.snider@mckesson.com&gt;, "Klimek, Jim" &lt;jim.klimek@mckesson.com&gt;

Cc:

"Oriente, Michael" &lt;michael.oriente@mckesson.com&gt;, "Gustin, Dave" &lt;dave.gustin@mckesson.com&gt;

Date:

Thu, 23 Oct 2008 11:12:18 +0000

Attachments:

Giant Eagle #6537\_cs9193\_10 22 08.doc (64 kB); Giant Eagle #2108\_cs9193\_10 22 08.doc (64 kB); Giant Eagle #4075\_cs9143\_10 22 08.doc (64 kB); Giant Eagle #4078\_cs2882\_10 22 08.doc (64 kB); Giant Eagle #6513\_cs9193\_10 22 08.doc (64 kB); Giant Eagle #6523\_cs9193\_10 22 08.doc (64 kB)

Done.

Jim, Blaine—

Please file for your records.

Bill

**From:** Cook, Sabrina**Sent:** Wednesday, October 22, 2008 5:12 PM**To:** de Gutierrez-Mahoney, Bill**Cc:** Thomet, Elaine; Bishop, Micheal**Subject:** FW: Giant Eagle CSMP Thresholds

Bill:

Please see attached threshold increase forms. Thanks.

**Sabrina Cook****Account Manager/Support Solutions**

972-446-4563 Tel

**From:** Carlson, Gregory [mailto:Greg.Carlson@giantegale.com]**Sent:** Wednesday, October 22, 2008 3:46 PM**To:** Cook, Sabrina**Cc:** Casar, Donald**Subject:** RE: Giant Eagle CSMP Thresholds

Sabrina,

We need to bump stores 4078, 6537, 2108, 4075, 6523 and 6513 up by 20% due to high volume growth. These are all either new stores or stores running promotions causing increased volume.

Thanks

**From:** Cook, Sabrina [mailto:Sabrina.Cook@McKesson.com]**Sent:** Wednesday, October 22, 2008 4:03 PM**To:** Carlson, Gregory**Subject:** Giant Eagle CSMP Thresholds

Greg:

Below are stores that are at least 80% or above their thresholds. Please review and let me know if there is a business reason for an increase. We have 7 business days before all thresholds will be reset. Thanks.

DC	Chain	License	Account	Name	Base Code	Description	Monthly Threshold	MTD Accumulator	Threshold %
8772	431	BG1528251	796995	GIANT EAGLE #4078	2882	ALPRAZOLAM	8000	7400	
8164	431	FG0910439	480242	GIANT EAGLE #6537	9193	HYDROCODONE	11000	10048	
8772	431	BG6773116	584062	GIANT EAGLE #2108	9193	HYDROCODONE	8000	7064	
8772	431	BG5663364	881656	GIANT EAGLE #4075	9143	OXYCODONE	10000	8700	
8164	431	BG8616279	358501	GIANT EAGLE #6523	9193	HYDROCODONE	11000	9532	
8164	431	BG8757710	388411	GIANT EAGLE #6513	9193	HYDROCODONE	10500	9048	
8772	431	AG9800334	784827	GIANT EAGLE #0065	9143	OXYCODONE	10000	8517	
8772	431	FG0072683	625807	GIANT EAGLE #0199	9193	HYDROCODONE	9000	7644	
8772	431	BG6662678	866709	GIANT EAGLE #4008	9193	HYDROCODONE	9000	7600	
8772	431	BG7212575	653225	GIANT EAGLE #4034	9193	HYDROCODONE	12000	10116	
8772	431	BG9629405	667702	GIANT EAGLE #4152	9193	HYDROCODONE	13000	10932	
8772	431	BG9013068	236459	GIANT EAGLE #4089	9193	HYDROCODONE	13200	10916	
8772	431	BG4328793	784587	GIANT EAGLE #0002	9193	HYDROCODONE	18000	14828	
8772	431	BG1664499	791574	GIANT EAGLE #2499	9143	OXYCODONE	15000	12102	
8772	431	FG0153433	343114	GIANT EAGLE #5863	9193	HYDROCODONE	10500	8448	
8772	431	BG3099036	796961	GIANT EAGLE #4077	9273	DEXTROPROPOXYPHENE	5000	4000	

**Sabrina Cook****Account Manager/RNA Support Solutions****McKesson Corporation**

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## Threshold Change Form

Immediate Change Request Y/N YAnticipated Effective Date: 10/22/08Date: 10/22/08

Customer Name: GIANT EAGLE #6537  
 Address: 3841 S HAMILTON RD  
GROVEPORT, OH  
43125

DEA number: FG0910439Customer Account number: 480242

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

- |                              |                            |
|------------------------------|----------------------------|
| 1. CS requested: <u>9193</u> | Increase amount <u>20%</u> |
| 2. CS requested: _____       | Increase amount _____      |
| 3. CS requested: _____       | Increase amount _____      |
| 4. CS requested: _____       | Increase amount _____      |
| 5. CS requested: _____       | Increase amount _____      |

Reason for change (attach supporting documentation):

Per Gregory Carlson, Director Pharmacy Sourcing, 412-963-2564 please increase due to running promotions causing increased volume.

### McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change? Permanent
4. Has threshold been changed on the same product within the last three months?

### Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

### **Approved by:**

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

nativeFile



Regulatory \_\_\_\_\_

Date: \_\_\_\_\_

nativeFile



## Threshold Change Form

Immediate Change Request Y/N Y

Anticipated Effective Date: 10/22/08

Date: 10/22/08

Customer Name: GIANT EAGLE #2108  
Address: 50 WEST BRIDGE STREET  
BEREA, OH  
44017  
DEA number: BG6773116  
Customer Account number: 584062

<u>Provide Economost number, Description, NDC or Base Code</u>	<u>Change in selling unit or percentage</u>
1. CS requested: <u>9193</u>	Increase amount <u>20%</u>
2. CS requested: _____	Increase amount _____
3. CS requested: _____	Increase amount _____
4. CS requested: _____	Increase amount _____
5. CS requested: _____	Increase amount _____

Reason for change (attach supporting documentation):

Per Gregory Carlson, Director Pharmacy Sourcing, 412-963-2564 please increase due to running promotions causing increased volume.

### McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change? Permanent
4. Has threshold been changed on the same product within the last three months?

### Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

### **Approved by:**

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

nativeFile.DOC



Regulatory \_\_\_\_\_

Date: \_\_\_\_\_

nativeFile.DOC





## Threshold Change Form

Immediate Change Request Y/N Y

Anticipated Effective Date: 10/22/08

Date: 10/22/08

Customer Name: GIANT EAGLE #4075

Address: 1201 DORAL DR  
BOARDMAN, OH  
44512

DEA number: BG5663364

Customer Account number: 881656

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

- |                              |                            |
|------------------------------|----------------------------|
| 1. CS requested: <u>9143</u> | Increase amount <u>20%</u> |
| 2. CS requested: _____       | Increase amount _____      |
| 3. CS requested: _____       | Increase amount _____      |
| 4. CS requested: _____       | Increase amount _____      |
| 5. CS requested: _____       | Increase amount _____      |

Reason for change (attach supporting documentation):

Per Gregory Carlson, Director Pharmacy Sourcing, 412-963-2564 please increase due to running promotions causing increased volume.

McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change? Permanent
4. Has threshold been changed on the same product within the last three months?

Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by:**

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

nativeFile.DOC



Regulatory \_\_\_\_\_

Date: \_\_\_\_\_

nativeFile.DOC



## Threshold Change Form

Immediate Change Request Y/N Y

Anticipated Effective Date: 10/22/08

Date: 10/22/08

Customer Name: GIANT EAGLE #4078  
Address: 5220 MAHONING AVE  
YOUNGSTOWN, OH  
44515

DEA number: BG1528251

Customer Account number: 796995

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

- |                              |                            |
|------------------------------|----------------------------|
| 1. CS requested: <u>2882</u> | Increase amount <u>20%</u> |
| 2. CS requested: _____       | Increase amount _____      |
| 3. CS requested: _____       | Increase amount _____      |
| 4. CS requested: _____       | Increase amount _____      |
| 5. CS requested: _____       | Increase amount _____      |

Reason for change (attach supporting documentation):

Per Gregory Carlson, Director Pharmacy Sourcing, 412-963-2564 please increase due to running promotions causing increased volume.

McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change? Permanent
4. Has threshold been changed on the same product within the last three months?

Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by:**

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

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Regulatory \_\_\_\_\_

Date: \_\_\_\_\_

nativeFile.DOC



## Threshold Change Form

Immediate Change Request Y/N Y

Anticipated Effective Date: 10/22/08

Date: 10/22/08

Customer Name: GIANT EAGLE #6513  
Address: 6867 EAST BROAD STREET  
COLUMBUS, OH  
43213

DEA number: BG8757710

Customer Account number: 388411

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

- |                              |                            |
|------------------------------|----------------------------|
| 1. CS requested: <u>9193</u> | Increase amount <u>20%</u> |
| 2. CS requested: _____       | Increase amount _____      |
| 3. CS requested: _____       | Increase amount _____      |
| 4. CS requested: _____       | Increase amount _____      |
| 5. CS requested: _____       | Increase amount _____      |

Reason for change (attach supporting documentation):

Per Gregory Carlson, Director Pharmacy Sourcing, 412-963-2564 please increase due to running promotions causing increased volume.

McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change? Permanent
4. Has threshold been changed on the same product within the last three months?

Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by:**

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

nativeFile



Regulatory \_\_\_\_\_

Date: \_\_\_\_\_

nativeFile



## Threshold Change Form

Immediate Change Request Y/N Y

Anticipated Effective Date: 10/22/08

Date: 10/22/08

Customer Name: GIANT EAGLE #6523

Address: 553 HEBRON RD

NEWARK, OH

43055

DEA number: BG8616279

Customer Account number: 358501

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

- |                              |                            |
|------------------------------|----------------------------|
| 1. CS requested: <u>9193</u> | Increase amount <u>20%</u> |
| 2. CS requested: _____       | Increase amount _____      |
| 3. CS requested: _____       | Increase amount _____      |
| 4. CS requested: _____       | Increase amount _____      |
| 5. CS requested: _____       | Increase amount _____      |

Reason for change (attach supporting documentation):

Per Gregory Carlson, Director Pharmacy Sourcing, 412-963-2564 please increase due to running promotions causing increased volume.

McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change? Permanent
4. Has threshold been changed on the same product within the last three months?

Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by:**

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

nativeFile



Regulatory \_\_\_\_\_

Date: \_\_\_\_\_

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